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CONFIRMATION NO. 4109

SERIAL NUMBER 09/871,560	FILING OR 371(c) DATE 05/31/2001 RULE	CLASS 702	GROUP ART UNIT 1631	ATTORNEY DOCKET NO.	
APPLICANTS Daniel Alroy, New York, NY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 07/31/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
ADDRESS DANIEL ALROY 19 STANTON STREET NEW YORK, NY 10002					
TITLE CONCEPTS AND METHODS FOR IDENTIFYING BRAIN CORRELATES OF ELEMENTARY MENTAL STATES					
FILING FEE RECEIVED 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		